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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) A32212-PCT-USA |
|  | In re Application of <u>Petersen et al.</u> | |
| | Application Number <u>09/914,175</u> | Filed <u>08/24/2001</u> |
| | For <u>BONE MARROW TRANSPLANTATION</u> * see attached | |
| | Group Art Unit <u>tba</u> | Examiner <u>tba</u> |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> </div> <div style="width: 35%; text-align: right;"> <p>\$ 110</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> </div> </div> <div style="margin-top: 10px;"> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55</u>.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> </div> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | |
| <p>February 20, 2002</p> <p>_____ Date</p> | <p style="text-align: center;"><u>Carmella L. Stephens</u></p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">_____ Carmella L. Stephens</p> <p style="text-align: center;">Typed or printed name</p> | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> | | |
| <p><input type="checkbox"/> Total of _____ forms are submitted.</p> | | |

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Title: BONE MARROW TRANSPLANTATION FOR HEPATIC REGENERATION AND REPAIR

Use Space Below for Additional Information: